V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	130
County Marford	Registration Dist. No. 105
Village or City Flace de Grace North	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sattie M. allen	
(a) Residence: No. 149 Otalgo (Usual place of a bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Jack J. 193 f. (Month) (Day) (Yeer)
(or) WIFE of John J. Allen	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 17, 1889	I last saw her alive on Mar. 7 1934; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Mai 30 p.m.
44 5 /3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade profession or particular	- Acusta Durandella Date or onset
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	acute Office replaction
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) year) year) Occupation	
12. BIRTHPLACE (city or town) Have de Leave	Other Contributory Causes of Importance:
(State or country) Maryland.	Cardia Failur
13. NAME a. R. Walker 14. BIRTHPLACE (city or town) Have de Drace	
(State of country) / Cariffact.	Name of operation
15. MAIDEN NAME Mallie Mc Ewing 16. BIRTHPLACE (city or town) Have de Ligee (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Have de Regel	Accident, suicide, or homicide? Date of injury, 19
(State or country) Rangiank.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Jake & Cally (Address) Saare de Grace, Mr.A.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place angel Kill Date Mar. 11, 1934	Nature of injury
19. UNDERTAKER Generation + Son (Address) Research de Harris M. A.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nar. 10, 134 Clarles & Faley M.D.	(Signed) (Ardress) Toling M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- Indiana

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Harford	Registration Dist. No. / 8
Village or City Militaleen	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME / Sassington Ba	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH March (Month) (Day) (Year)
HUSBAND OF Winnifred G. Bruman	1 HEREBY CERTIFY, That I attended deceased from 1935, to May 6, 1934
6. DATE OF BIRTH (month, day, and year) Suc, 19-1883	I last saw h _ All alive on
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at life to m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Day Lahour SAWYER, BOOKKEEPER, etc.	Carcinoma / Blatker
A Industry or business in which work was done, as SILK MILL,	1
kind of work done, as SPINNER, Day Jahour SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) yeer occupation 700	<i>I</i>
12. BIRTHPLACE (city or town) Harford Co	Other Contributory Causes of Importance:
I / // / /	Name of acception
(State or country)	Name of operation
15. MAIDEN NAME Harett M. Evans	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME SAINCH 1: Crans 16. BIRTHPLACE (city or town) Asarport	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Manyland	Where did injury occur?
17. INFORMANT Mrs. Werningted C Briman. (Address) Cherkien Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Meslegan Chycle Date March 8, 1934	Menner of Injury
19. UNDERTAKER Almes January Jans (Address) Christian The	24. Was disease or injury in any way related to occupation of deceased. If so, specify (Signed)
20. FRED COLD 19 7 C Meditrar.	(Address) (Addre

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l l	Example II	
es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
2		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Rum over by street car July 5,1927 Peritonitis Other contributory causes of importance:

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Hayord	Registration Dist. No. 180
Village or City Bel au	No. St., Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME MUMAN Ruse By	Hmudu
(a) Residence: No.	Year Francisco
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White manua	(Month) (Day) (Yeer)
5a. If married, widowed, or divorged HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Matherine Bourne	
6. DATE OF BIRTH (month, day, and yeer) May 3, 1903	I lest sew h alive on19; deeth is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted ebove, at 6 P. m.
30 10 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
A Trade profession or particular	automobile accident Date of onset
kind of work done, as SPINNER. Sheref County	Broken neck
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Deto deceased lest worked at 11. Total time (veers)	Examined by Live Byrd Rophins
this occupation (month and 1934 spent in this 3 occupation 3	Osle ary Md.
12. BIRTHPLACE (city or town) Marulaud	Other Coutributory Causes of Importence:
(Stete or country)	
13. NAME John Henry Bournau	
13. NAME John Henry Boundary 14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Dro-
16. BIRTHPLACE (city or town) Surmany	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) / Surmany	Accident, suicide, or homicide? (Locusters) Date of injury Constitution 1934
(State or country)	Where did injury occur? Lele Giver a sent alleman and State)
17. INFORMANT Newey I Downow.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Bellain Md. 18. BURIAL, CREMATION, OR REMOVAL	Dubles Road
Plece Rock Run Cent. Date March 22 19 34	Menner of injury leastonnobale Goesdens
Howard V MaCamag	Neture of injury Brooken Heek
19. UNDERTAKER HOWALD R. MCCOMAS, (Address) Abingdon, Md.	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) Great Morlon Comment
20. FILED March 19, 19 34 Ared allow Wolf. Registrar.	(Address) alingdon Ma
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
		Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		HECELAEDH	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	10)
County / Larford	Registration Dist. No. / S/
Village or City Oberdeen	NoSt.,Ward
Length of residence in city or town where death occurred 420 yrs	death occurred in a horpital or institution, give its NAME instead of atreet and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Thoward Settlewell	lendenino.
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) A COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Marce (2 1934 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of Tilds Ivins Clendening (or) WIFE of Tilds	22. 1 HEREBY CERTIFY, That I attended deceased from
h 4 100.	March 3rd , 1934, 10 March 12th, 1954
6. DATE OF BIRTH (month, day, and year) 16-15. 30 /8 90 7. AGE Years Months Oays If LESS than	I last saw h alive on _M and, 19.3 f _; death is said
1-1-1 2 10 1 day,hrs.	to have occurred on the date stated above, atAm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
& Trade profession or particular	were as follows: Oute of oneet Mount
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ne.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at Male. 11. Total time (years)	4634
SAW MILL, BANK, etc	
O 10. Oate deceased last worked at Male. 11. Total time (years) spent in this year) year) 11. Total time (years) spent in this year) occupation occupation.	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or country) Mary land	difference to the contract of
13. NAME James O. 1 Clendening.	his Mileinen
13. NAME James O. J. Clendening.	Name of operation Oate of
- Country Senny Country	What test confirmed diagnosis? Classical Was there an aulopsy? Na
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) / Maryland.	Where did Injury occur?
17. INFORMANT / VICA Howard U. Clendening (Address) Bardeen md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dalking Willing Oate Mcle 14, 1934	Nature of Injury
19. UNDERTAKER THEREY JACKING & Sous	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Mich 13, 1934 Office Successioner.	(Signed) (Champan M. O. (Address) Adardean Md
	411 N. Charles Street, Baltimore, Requesting U. S. No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WIT

STATE OF	MARYLAND-	CERTIFICATE	OF DEA	IH	
1. PLACE OF DEATH		(95-9)			
County Janford	• • • • • • • • • • • • • • • • • • • •		Registration I	Dist. No. 18	3
Village or City Program		No f death occurred in a hospital or institu			
Length of residence in city or town where death	occurredyrsmos	ds. How long In U.S. if	of foreign birth?	yrsm	osds
2. FULL NAME	el sor	refrue			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident	rive city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	7
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	nef (Month)	20 (Dev)	, 193 4
5a. If merried, widowed, or divorced HUSBAND of				(,)	(1001)
(or) WIFE of		1 HEREBY	CERTIF	That I ettended	deceased from
6. DATE OF BIRTH (month, day, end yeer)	19/2/02	I lest sew h and elive on	Beh 6	15%	: death is seid
7. AGE Years Months	Days If LESS than	to have occurred on the dete stete	ed above, et 6	P _m	_, death is seld
1116	1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT			
8. Trede, profession, or perticuler	1 01 auto-luin.	were as follows:	e Hear	h deces	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	ones				C. S. E. L. S. C. J.
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.					
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Totel time (years)				
this occupation (month end yeer)	spant in this				-
	0	Other Contributory Causes of Impo	ortance:		
12. BIRTHPLACE (city or town) (Steta or country)	Z				-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200				
	10 money				
(Stete or country)	land	Neme of operation			and
	- Pr	What test confirmed diegnosis?			
		23. If death wes due to externel car			
16. BIRTHPLACE (city or town) (Stete or country)	Lond	Accident, suicide, or homicide? Where did Injury occur?	L	ete of injury	, 19
120. 11 10 m			(Specify city or t	own, county and Stat	e)
17. INFORMANT (Address)	and mal	Specify whether injury occurred in	n industrt, in hui	NE, OT IN PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of Injury		******	
Plece It Mough lemby Da	te Mul 13 , 1984	Neture of Injury			
19. UNDERTAKER The Both Shifty	- Pai	24. Wes disease or injury In any w		tion of deceased?	no
20. FILED May 23, 1934 Than	R Brown Registrar.	(Signed) (Address)	res or	Barro o m	M. D
If more blanks		2411 N. Charles Street, Baltimore, Re	pauesting 7) S No	,	

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	40	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritic	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OH SE SAM		Other contributions causes of importance.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

V. S. No. 1

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		193	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Custroenteritis	1 year
and the same of th			

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH				
county Harford	Registration Dist, No. 183			
Village or City Havre de Grael	No. 600 Jewes St St., Ward			
Length of residence in city-or town where death occurred 6 yrs Pros.	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long In U.S. is of foreign birth?			
2. FULL NAME Amos trank Sie	29 (Clias Julton)			
(a) Residence: No. 600 Lewis	St. Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH Max. (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah L. Gregg.	22. I HEREBY GERTIFY, That I attended deceased from 1924, to 14. 28 1934			
6. DATE OF BIRTH (month, day, and year) Fel. 7, 9879	I last saw haralive on Fel. 25, 1934; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 10 4 5 A.m.			
35 - 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
9 Trade profession or particular	Date of onset			
SAWYER ROOKKEEPER atc	aute nephretis			
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the second in this occupation).	acrete alcohola			
SAW MILL, BANK, etc.	Dastrites:			
spelle il tills	mainie			
year) occupation	Other Contributory Causes of Importance:			
12. BIRTHPLACE (city or town) ()				
(State or country)	Cardiae Falure			
13. NAME Januel Lings 14. BIRTHPLACE (city or town).				
14. BIRTHPLACE (city or town). Certal	Name of operation Date of			
(State of country)	What test confirmed diagnosis? Wes there an au'opsy?			
# 15. MAIDEN NAME Mary G. Shaffer	23. If death was due to external causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?Date of Injury19			
(State or country)	Where did Injury occur?			
(Address) 600 Lewis St. City	(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place Lancaslw Ulnn Date Mar. S , 1934	Nature of Injury			
19. UNDERTAKER I Madison Mitchell	24. Was disease or Injury In any way related to occupation of deceased?			
m and a 2	If so, specify			
20. FILED Mar. 3 , 1934 Charles J. Saley M. D. Registrar.	(Signed) (Address) Action of Same Process			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.				

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Example II		
n and related causes Date of onset		
1 week ago		
1 week ago		
3 days ago		
importance:		
1 year		
death		

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
8 0.10	Registration Dist. No. 184
Village or City Dandoff (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and suppler.)
2FULL NAME Olizateth P. Fra	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 9, 1983 4 (Month) (Day) (Year)
6 DATE OF BIRTH	17) I HEREBY CERTIFY, That I attended the deceased from
July /2 , 1856	Jan. 18: 1923. to March 8 , 1923.
(Month) (Day) (Year)	that I last saw her alive on harch I, 197 3
7 AGE / IfLESS than	and that death occurred on the date stated above, at
7 yrs. 7 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	0 1 151
(a) Trade, profession or particular kind of work	followed try left Hemplege
(b) General nature of industry	J. J
business, or establishment in	(Duration) yrs. mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Durstion) yys) mos ds
10 NAME OF PARTY LAND	(Signed) M. D.
M II BIRTHPLACE	Mesch 10.1923 4 (Address) and and Mid
OF FATHER Z (State or country) W 12 MAIDEN NAME O 12 MAIDEN NAME	*State the Disease Causing Death, of In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Come. P. Civers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of death yrsds. State yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) James a Harvey &	Former or usual residence
(Address) Dardiff und	Place of BURIAL OR REMOVAL DATE OF BURIAL Mar / 1, 1934
Filed March 10 - 1934 J. J. Mc nall Registrer	20 UNDERTAKER ADDRESS DALAYA
4	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.
er titte minister and transfer and minister and problems	

(Approved by U. S. Census and American Public Health Association.)

er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile foctory. The material Architect, Locomotive engineer, Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapsc," "Coma," "Convulsions, stited unless important Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as interstitial nephritis, " "Marasmus," "Old Age," "Shock, Committee on Chronic Example: Measles (disease chopneumonia (secondary), valvular heart disease; etc. Nomenclature of the Always qualify all The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02802
1. PLACE OF DEATH County Harford	Registration Dist. No. (& 2
Village or City Bel and Mid	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred_2yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Mathaniel W. S.J.	laye
(a) Residence: No. (Belland mod (Usual place of abode)	Ost., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The area of the second or divorced (write the word)	21. DATE OF DEATH Month (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dotoblay Office Happ 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 3. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Max. Change 14. BIRTHPLACE (city or town) (State or country) Max. Change 15. BIRTHPLACE (city or town) (State or country) Max. Change 16. DATE OF BIRTH (month, day, and year) 17. AGE 18. Trade, profession, or particular horses 18. Trade, profession, or particular horses 19. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in	22. I HEREBY CERT! FY. That I attended deceased from Teb. 2 — 1934, to Lor - 5 — 1934 I last saw him. alive on Lor - 2 — 1934, death is said to have occurred on the date stated above, at 8 — 2 — The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebras hereas hereore that a few properties of the contributory Canses of importance: Other Contributory Canses of importance: Name of operation — Date of — Was there an aulopsy? No
15. MAIDEN NAME Sarah a July 16. BIRTHPLACE (city or town). Ballian 16. State or country) 17. INFORMANT May Scrother Hays (Address) 18. BURIAL, CREMATION, OR REMOVAL. Place Rocks Source Oate May 8, 1934	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
19. UNDERTAKER Deary Foster (Address) 20. FILED Mar 7, 19) 4 N. E. Richardson	Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) A. T. Daut M. D.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 6 1994			
(-	4	1	
Other contributory causes of importance: S.	0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

certificate.

Jo

See instructions on back

TION is very important.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02803
1. PLACE OF DEATH	920
County Atarbord	Registration Dist. No. / 8/
Village or City Willaden R. F. D	No. St., Ward
(If Length of residence in city or town where death occurred 2 4 yrs 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Jun Samon Johler	is (Nohlew)
(a) Residence: No. Carly Based Cr. (Vsual place of alphode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note of DIVORCED (write the word) Market	21. DATE OF DEATH Marcl (2tt , 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Margaret M. Hohlein	22. I HEREBY CERTIFY, That I attended deceased from M. 3 4, to M. 12 1934
6. DATE OF BIRTH (month, day, and year) July 27 - 1827 7. AGE Years Months Days If LESS than 1 day,	I last saw h alive on 19.7 %; death is said to have occurred on the date stated abova, at 2.120 Gm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Gardia & de Paryson Dec. 1933.
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
15. MAIOEN NAME KINSMONT	23. If death was due to external causes (VIOLENCE) fill in elso tha following: NU.
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Mbs. Annea K. Lanterback	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Babus Comuting Date March 15, 1934	Manner of injury
19. UNDERTAKER Alexy James Johns (Address)	24. Was disease or Injury in any way related to occupation of deceased? / VO.
20, FILEDACK 13 19 74 Office livel	(Signed) 1. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
301 5 1555			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYL	AND-CERTIFICATE	OF	DEATH
THE		4	(98-00)		

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1. PLACE OF DEATH	98-2
county Starford	Registration Dist. No. 184
Village or City Darlington	No. St., Ward
O1 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Ω -yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME EUZALUTA	pens.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH ACL 17 193 #
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Syl + 24 1852	Nest saw h. L.M. alive on M. C.M. J. 193 K; deeth is said
7. AGE Yeers Months Oays If LESS than	to heve occurred on the dete steted above, et 2.4.5.2.m.
8/ 6 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Contract of the state of the st
SAWYER, BOOKKEEPER, etc.	Caronic My rearails 1920
work wes done, as SILK MILL, A Some	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sindustry or business in which work wes done, as SILK MILL. SAW MILL, BAHK, etc. 10. Dato decessed lest worked et this occupation (month end spent in this	
year) occupetion occupetion	Other Contributory Causes of Importence:
12. BIRTHPLACE (with the town) Darlington	
(State or country)	
13. NAME Charles of Storage 14. BIRTHPLACE (city or town) Darling to	
14. BIRTHPLACE (city or town) Artingles (State or country)	Name of operetion Date of
(State of Country)	Whet test confirmed diagnosis? Wes there en eutopsy?
E / / / / / / / / / / / / / / / / / / /	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Shopping (Address) 60 artifactor md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Warlington um Date / March 49 37	Neture of injury
19, UNDERTAKER H. S. Bailey	24. Wes disease or injury in any way related to occupation of deceesed?
(Addiess) Danlington my,	If so, specify
20. FILED March 1819 34 M. Ch. Kirk	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II			
The principal cause of death and of importance were as follows:	related causes	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	E I V Kall	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	the high	July 5, 1927	Peritonitis	3 days ago		
		1.				
Other contributory causes of impo	rtance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

	STATE	OF MAR'	YLAND-	CERTIFICATE	OF DEATH	05909
1. PLACE OF	DEATH O			157-0		./ -1
County /	farford				Registration Dist. No/	18/
Village or City	Merry	yman.		No.		St., Ward
Length of reside	nca in city or town where	death occurrad	yrs L mos	death occurred in a hospital or institutionds. How long in U.S. if	of foreign birth?vrs	reet and number)
2. FULL NAM	E Willia	em E	ohnson			
(a) Residence	1	1 Bun	4.26.63.0.3.5.00	St., Ward,		
		(Usual place			If nonresident give city or to	
1	L AND STATIST	TICAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DE	ATH
3. SEX Male 5a. If married, widowed	4. COLOR OR RACE	S. SINGLE, MARI OR DIVORCED	(gerite the word)	21. DATE OF DEATH	March 5 (Day)	, 193 (Yaar)
HUSBANO of (or) WIFE of	, or divorced			22. I HEREB	Y CERTIFY, That I :	attended decaased from
6. DATE OF BIRTH (me	onth, day, and year) &	20, 29-	1933	I last saw hamaliva on	Mearsh 5	19.3.4; death is sald
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date state		
	12	6	ormin.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of Importar	Data of onsat
Z Rrade, profession kind of wor	on, or particular k done, as SPINNER, OOKKEEPER, etc	none		- A-A	····/	
9. Industry or bus	sinass in which			Congental i	rolundes	
No. Oate deceased this program	ona, as SILK MILL, BANK, atc			- meter freue	4 7 rear	Whe 193
10. Oate deceased this occupat year)	tion (month and	11. Total til span occu	me (yaars) tin this pation		f	
12. BIRTHPLACE (city of	r town Per	uman		Other Contributory Causes of imp	portance:	
(State or country	,	1 mary	and	Trestance	Frederic	1 162
13. NAME	Le Bry	ohnston		Brough	1	Wegg, 1, 61
13. NAME 14. BIRTHPLACE (C	ity or town)	rumar	2	Name of operation	n	ate of
(State of co		1 mis	expland.		Was ti	
15. MAIDEN NAME	Vivian	Brown	nl .		suses (VIOLENCE) fill In also the	
16. BIRTHPLACE (c	ity or town) July	ryman	<i>A</i>	Accidant, suicide, or homicida?	Oate of Injury	, 19
≥ (State or co	untry)	1 mary	and	Where did injury occur?	(Q	
17. INFORMANT (Address)	Ess. Vivia	en Boo	wn	Specify whether Injury occurred	(Specify city or town, county In INDUSTRY, In HOME, or In PUI	BLIC PLACE.
18. BURIAL, CREMATION	· all d ·	t. 211.	10	Manner of Injury		
Placa Month	my M. E. Ceres	J. Date Marc	19.9. 19.34	Nature of injury		
19. UNDERTAKER	rmy 1/ar	Al burn	- A	24. Was disaasa or miury in any	way ralatad to occupation of decea	sed?
(Address)	acun	a de la	nun ,	If so, specify	P/1)	
20. FILED Mich	8,19746	6 m	repued	(Signad) Kleu	dy La Cour	ace M. O.
	rolling and the		Registrar.	(Address) 5.5.7	St. Clayst H	were be grace

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	81	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDDALLY, S.			
Other contributory causes of importance:		Other contributory causes of importance:	21
Gallstones	May 1,1923	Gastroenteritis	1 year
			٢
			4

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL S.	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of importance	l cause of death and related cause e were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epile	psy	1 week ago
Chronic interstitial nephritis	1921	Run over by str	reel car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			HECEINED	
Other contributory causes of importance:		Other contrib	outory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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LION

19. UNOERTAKER (Address) 20, FILEO Mar.

certificate.

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item

Every

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id	spent in this occupetion	
Bal	timore	Other Contributory Causes of importance:
R. Per	egoy	
u	Va.	Name of operation. What test confirmed diagnosis? None Was there an autopsy? W.
y J.	Miltonson/	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
of mis	farling med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
AL	Oate Mw/11, 193	Manner of Injury Nature of injury
ean.	1 Falu	24. Wes disease or injury in any way related to occupation of deceased?
4 V. E	Chambers Registrar.	(Signed) M. D. (Address) Selder Med
If more bl	anks are needed, address State Registr	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
			-
			7.

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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state JPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

1. PLACE OF DEATH	UZ809
County Harford WILLIAM CORRECT	Registration Dist. No. 185
	No. As factal St., Ward of death occurred in a happital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
71, 11 0.+	
2. FULL NAME Williams Urlina	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male white OR DIVORCED (write the word) 5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
	Que 21 1934, 10 mas 8 1934
6. DATE OF BIRTH (month, day, and year) Alex 1854	i last saw h. use alive on man 7 ,193 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 9.0 _ A.m.
79 3 1 1 day,hrs.	water as follows:
8. Trada, profession, or particular kind of work dona as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, etc	Chuonia Carriero
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	6014014
SAW MILL, BANK, etc	Albariles, Claule
O 10. Data deceased last worked at this occupation (month and year) occupation occupation.	Bronduh.
(3 et)	Dthe Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
~ \$	
I	
14. BIRTHPLACE (city or town)	Name of operation
*	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Christine Kullman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Where did injury occur?
17 INFORMANT Stape de Lygee Olaskital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
10 (Address) House de Klasee, N.C.	
18. BURIAL, CREMATION, OR REMOVAL Orange Services Services Auch 10 34	Manner of injury
Place Date Date 19/	Nature of Injury
19. UNDERTAKER & elfeau . Cook	24. Was disease or injury in any way related to occupation of deceased?
(Address) Have de Grace, Md.	If so, specify
20. FILED Tras 8 1934 Charles J. Jaley M. D.	(Signed)
Registrar.	(Address) - fergete-fit - ft Call-/ Mill-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

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infor- state UPA-		CERTIFICATE OF DEATH 02810
TOPPOS TO	1. PLACE OF DEATH	100
M Jo no	County Harford Co	Registration Dist. No. 182
7	Village or City Bellen Med	ND. St., Ward
= 0	Length of residance in city or town where death occurred. 6 -yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msds.
Every CIANS ement	20:40 10 D	P.
	2. FULL NAME Colelle Florence	ruscr
ZD.	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECORD. Every PHYSICIAN Exact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
EXT.	male white OR DIVORCED (write the word)	Mar 20 1934
TT TL ed.	5a. If married, widowad, or divorced	(Month) (Day) (Taar)
BINDING PERMANE? EXACT! y classified te.	HUSBAND OF Colward & Robinson	22. HEREBY CERTIFY, That I attended to the seased from
BINI ERM. EXA y clas		Mar. 18-, 1934, to 1905 - 20-, 1934
BI BI E	6. DATE OF BIRTH (month, day, and year) Oct 13-1882	l last saw h 12. alive on Mas . 20 = , 1934; death is said
R A I Perl	7. AGE Yaars Months Days tf LESS than 1 day, hrs.	to have occurred on the data stated above, at
FOR BI IS A PE stated E properly certificate	0/ 0rmin.	wara as follows:
- W	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Ucule Indiquilor
THU GO PO	9. Industry or business in which	(14 mpariles) Mar. 18.3
SERVI NK-T should it may n baek	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SE NE NE SH	9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month end spent in this	
REG I	year) occupation	Dthas-Contributary Causes of importance
Z 4 is	12. BIRTHPLACE (city or town) Baltiman Co	Sutestinal Influenca Mar. 16
AD AD sd. s, s	(State or country)	
MARGIN UNFADI supplied. n terms, so	13. NAME Wa Mc Fadden	Weak heart - ?
MA Sup	13. NAME Mar Fodden 14. BIRTHPLACE (city or town) Baltimus (State or country)	Name of operation Date of
S. S. S.	(State of Lountry)	What test confirmed diagnosis?
Y, WI] carefull [H in pl	15. MAIDEN NAME Jaura Henry 16. BIRTHPLACE (city or town) Consultation (State or country)	23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in primportant.	[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19,
PLAINLY, ould be can F DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
AI.	HI FORMANT Coderard & Robinson	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Chelle ma	
	18. BURIAL, CREMATION, OR REMOVAL Place Dear Greek Data ///as. 23 1934	Manner of injury
WRITE nation STAUSE	riace Data Lips I	Nature of injury
	19. UNDERTAKER Decem Jogales	24. Was disease or injury in any way related to occupation of dacaased? / VO
S. No.	(Addrass) Beller and	If so, specify T Dans to HORS A.
S 7	20 FILED March 21, 1934 Verginia Chambers	(Signed) U. J. Color Joseph M. D.
40 800	Registrar.	(Address) Address Addr
11. Thursday.	ij more vianks are necucu, dadress state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example'I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

(Yaar)

Date of enset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE C	OF MARY	LAND-CERTI	FICATE OF	DEATH
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03226

1. PLACE OF DEATH	46:
County to forth	Registration Dist. No. 10
Village or City Throngrule	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurredyrs,mos,	7
2. FULL NAME (Class 10, Sho	in .
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Therefore the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It merried, widowed, or divorced HUSBAND of (or) WIFE of Groupe flowe	22. I HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Clarif 17 1855	I last saw her alive on months 184; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at 2m.
75 // laday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protession or particular	were as follows: Date of onset June 193.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sounds to see (State or country)	Dther Contributory Causes of importance:
13. NAME Jehr Schrist 14. BIRTHPLACE (city or town) flygory (State or country)	
4. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bosse	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Jerry & Love Par (Address) Fram Isrne Par	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Horis rill Date Work 2/ , 1934	Nature of Injury
19. UNDERTAKER It The the Paris (Address) Farm Dryce Paris	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Mar 71, 1934 Thos Brown Registrar.	(Signed) That the Condition M. D. (Address) They on the Condition of the C

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

V. S. No. 1

Decupa.

Jo

1. PLACE OF DEATH	93-2)
County Harford	Registration Dist. No. 185
Village or City I lawe to Trace	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
le o le	ds. How long In U.S. If of foralgn birth?yrs,mosds.
2. FULL NAME Lorgeaunaf Cahl	Sture.
(a) Residence: No. 129- [Tw. Lunch ave.] (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 18 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Have Share.	22. I HEREBY CERTIFY, That I attanded deceased from
0221 211 1941	, t9, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1 last saw h; death is sald
9 9 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows:
kind of work done, as SPINNER, Houseufs	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Chronic Muscarditis
SAW MILL, BANK, etc	
Spout in ting	
Q 14.	Other Contributary Canses of Importanca:
12. BIRTHPLACE (city or town)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Acute rephretes
E / // // // /	
4 14. BIRTHPLACE (city or town) (State or country)	Name of oparation Date of
	What test confirmed diagnosis?
	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcide, or homicide? Date of Injury, 19
many y A. T.	Where did injury occur? (Specify city or town, county and State)
(Addrass) Harred of Sur Co - Minks	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
ts. Burial, CREMATION, OR REMOVAL	Mannar of injury
Place Darling Confu Date Mely 21, 1934	Nature of injury
19. UNDERTAKER Curringly Spu -	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Lave deflerale, rud.	If so, specify
20 FILED May 20 134 Carlos Jales 78	(Signad) Charles & foliay M.D.
Registrar.	(Addrass) June 4 Design Tona

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PA	FOR FURTHER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02813
1. PLACE OF DEATH	82-0)
County Harfard	Registration Dist. No. 185
Village or City Nache de Braice	MIT NOT Naspetal St. Ward
(If	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	6 ds. How long in 0.S. if of foreign birth?mosds.
2. FULL NAME William J. Shall	buf
(a) Residence: No. Torryman, (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mrs Surie Stattery	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) July 1860	I last saw harm alive on March 25, 1934; death is sald
7. AGE Years Months Plays If LESS then	to have occurred on the date steted above, et
13 7 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trede profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cercebral himming
9. Industry or business in which work was done, es SILK MILL, Latore Peters	
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupetion (month and spent in this	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) Maryland	CHICKEN CARRENCE
13. NAME Williamy Stattery	
13. NAME Williamy Statlery 14. BIRTHPLACE (city or town) Washington	Neme of operation Dete of
(Stete of country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Athlere Furcell.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town) - Control (Stete or country)	Accident, suicide, or homicide?, 19, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Payer all the Rosellal (Address) Respectation of the second of the secon	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece It Francis Cem. Dete Nav. 28, 1934	Neture of injury
19 UNDERTAKER Drawaid K. Mc Comas	24. Was diseese or injury in any wey related to occupation of deceased?
(Address) alengdon, md.	If so, specify
20 FILED Mas. 26 134 Charles J. Jaley 7. D.	(Signed) M. D.
Registrar.	(Address) (Apple 10 - 1) Apple 1
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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STATE	OF	MARYL	AND-CERTIFICATE	OF	DEATH	
			-27			

02814

1. PLACE OF DEATH	**
County Harford	Registration Dist. No. 184
	No. St., Ward
Length of residence in city or town where death occurredyrsl_O_m	os. ds. How long in U.S. If of foreign birth? yrsmosds.
2. FULL NAME Manne Smit	h
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mosel 19, 193 4, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Office 21, 1933 7. AGE Years Months Days If LESS than 1 day,hrs or min.	were as follows: Date ol onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and work year) 11. Total time (years) spent in this wocupation (month and work year)	Did not seems as a complication and a seguelar. Control Oct, 25, 1934. Other Contributory Ganess of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	None
4. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Naomi Morgan 16. BIRTHPLACE (city or town) Dublis (State or country) 17. INFORMANT Lee Smith (Address) Darlington Md, 18. BURIAL, CREMATION OR REMOVAL	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Place Carras Crafel Date March 20,19.3	Manner of injury
19. UNDERTAKER St. S. Barley. (Address) Darlington Sm d 20. FUED March 20 1934 M. Or. Kirls	24. Was disease or injury in any way related to occupation of deceased? It is so, specify (Signed) Manual Agrae M. D. M.
Registrar. If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial neg	hritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	1234	July 5,1927	Peritonitis	3 days ago	
	BIREALIV.S.	1 2			
Other contributory	:auses-of-importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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S A PER	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	rtificate.	6.	
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6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: No. S. Trade, profession, or particular kind of work dome, as SPINNER, SAW MILL, BANK, atc. 10. Date deeaeed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 13. NAME 14. BIRTHPLACE (city or town) (State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 14. BIRTHPLACE (city or town) (State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 15. BIRTHPLACE (city or town) (State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF	(or) WIFE of			
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What test confirmed diagnosis? Was there an au'opsy? 15. 15. MAIDEN NAME Markel C. Hesse	I LA PIPTURI ACE (site or town) Churcherille, Md	Name of operation		
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20. FILED Mach B, 1934 Thomas R Brown (Signed) H. T. Bradly M. D. Registrar. (Address) Ganatharlle M. D.	1100	24. Was disease or injury In any way related to occupation of deceased? _ 2.0		
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11. The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH IN plain terms, so that it may be properly classined. Exact statement of OCCUPA	TION is very impo	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	(ROP)
county Hartord	Registration Dist. No. 780
Village or City near Bel air,	MAS St. Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lewis Edwin lester	mau
(a) Residence: No. hear Bel air 1	Ade - Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH Mar - 24 (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from Mar 22-, 1934, to Mars 24, 1934
6. DATE OF BIRTH (month, day, and year) March 22, 1934	i last saw h. Lam. alive on Mar. 23 1934; death is sold
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at6A.m.
Ano + I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this per	Jujury to brain
9. Industry or business in which	Augus Dioth Marzo
work was done, as SILK MILL, SAW MILL, BANK, etc	rucing our hart
10. Date deceased last worked at this occupation (month and spent in this	1.7.2.7
year) occupation	Ohan Cantallata - Canada I - adams
12. BIRTHPLACE (city or town) near, 13el air	Other Coutributary Causes of Importance:
(State or country) Maryland -	
# 13. NAME Wm. Roy Testorman	
13. NAME Wm. Roy Testerman 14. BIRTHPLACE (city or town) Major	Name of operation Date of
(State or country) Virginia	What test confirmed diagnosis? Was there an autopsy? No
IS. MAIDEN NAME Elizabeth Caldwell	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Caldwell 16. BIRTHPLACE (city or town) Carroll Ca	Accident, suicide, or homicide? Date of injury 19
State or country) Vinginia	Where did injury occur?
17. INFORMANT Ray Yesterman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) I I allo Torre on anylos	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mountain, Cem. Date March 26,1934	Nature of injury
19 UNDERTAKER Howard K. McComas,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Abingdon, Md.	if so, specify
20. FILED mane4 25, 1934 Fred Moreloke	(Signed) a. t. Days & Jubbe A M.O.
20. FILED More 20, 19.5 Mille Alle Hotel Registrar.	(Address) Balas Ald
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1 177	3 days ago
		GIALD	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

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mation should be carefully N. B.—WRITE PLAINLY, WI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Ra (C)
County Harbord	Registration Dist. No. / 8/
Village or City Wurdson	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
n arrif	4
2. FULL NAME JANUAN I JANNA	ot w I
(a) Residence: No. Duradural (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH Havel 18 (Year)
HUSBANO of (or) WIFE of	22. ALECUSE 19314 to 19
6. OATE OF BIRTH (month, day, and year) This 28-1918	I last saw h; death is said
7. AGE Years Months Days if LESS than	to have occurred on the data stated above, at 1A.m.
24 0 2- I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:
8 Trade, profession, or particular kind of work dona, as SPINNER,	
3 AWYER, BOOKKEEPER, atc.	Mus -
work was dona, as SILK MILL, SAW MILL, BANK, etc	The same with the same with
10. Date decaased last worked et March this occupation (month and 1934 occupation 4 720).	
12. BIRTHPLACE (city or town) Washington to	Other Coutributory Causes of importance:
(State or country) Vorginia	appropria Mar 18
13. NAME Gudia & Avmas 14. BIRTHPLACE (city or town) Washington &	
14. BIRTHPLACE (city or town) Pashington &	Name of operation Oete of
(State or country)	What tast confirmed diagnosis? Was there an au'opsy? U.O.
15. MAIOEN NAME Francis Many 16. BIRTHPLACE (city or town) Washington in	23. If death was dua to axternal causes (VIQL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Mashington (State or country)	Accident, suicida, or homicide?
m. may 1 Hank	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (M) - STIME AND	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Iron Cemetry Date Marsh, 21, 1937	
19. UNDERTAKER Aleny Taning Jons (Addyass)	24. Was disaase or injury in any way related to occupation of decaasad? IVQ
20, FILEO Mich 70, 19 94 Chun Chighen. Registrar.	(Signad) (Addrass) Clerken hes
If more blanks are useded address State Parison	AT Charles Company Day of Carles

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SUDFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

item of	pluods	of occ	1
A PERMANENT RECORD. Every	ated EXACTLY. PHYSICIANS	operly classified. Exact statement	tificate.
SIS	sta	pro	ceri
B.—WRITE PLAINLY, W. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	TION is very important. See instructions on back of certificate.
Ä			

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13-
County Harford	Registration Dist. No. 180
Village or City Sharon (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,3mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Felix Folliver	
(a) Residence: No. Sharm (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mary M. Jolliver	22. I HEREBY CERTIFY, That I ettended deceased from man 1.3
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Were as follows: Bacillary Depending Date of onset mars 3-35
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month end	
O 10. Dete deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
13. NAME John My. Tolliver	
13. NAME John My. Jollivie 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Tille Edwards	23. If deeth was due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Many M Jollene (Address) Sharar Mad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Baftist View Date Marie 18 , 1934	Menner of Injury
19. UNDERTAKER Dear & Joslan Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar. 17, 1934 J.E. Chambers.	(Signed) Clark Gold M. D. (Address) Fruit Acel, and
If more blanks are needed, address State Registrar	2011 N. Charles Street Baltimore Requesting T. S. No. 1

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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A Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02819
1. PLACE OF DEATH	(62-a)
County Dranford	Registration Dist. No. 10
Village or City 4 Mendeen	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. How long in U.S. if of foreign birth? \(\sqrt{9} \) yrs. \(-\text{mos}, \) ds.
2. FULL NAME Grana G. Wagner	
(a) Residence: No. aldino.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Renale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 17 193 (Yeer)
5a. If merried, wildowed, or divorced HUSDAND of (or) WIFE of Class & Magnet.	22. I HEREBA CERTIFY. That I attended decrased from March 16 1934 to March 17 1934
6. DATE OF BIRTH (month, day, end year)	I last saw har alive on March 17 75, 195 Y death is said
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, at 41.451 fcm.
67 45 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8 Trede, profession, or perticular kind of work done, es SPINNER, Armsumble SAWYER, BOOKKEEPER, etc.	Cuerol Hermontogs 3/16/30
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 11. Totaf time (years) this occurrence from the control of t	
10. Date deceased last worked at this occupetion (month and yeer) 11. Totaf time (years) spent in this occupation	
12. BIRTHPLACE (city or town) / Jermans	Other Contributory Causes of Importence:
(State or country)	Octio Selveran
13. NAME The Wichell	
13. NAME Wishers 14. BIRTHPLACE (city or town)	Name of operation
(Stele of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Unknown	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Illimany	Where did injury occur?
17. INFORMANT Miss : Municia a Magner (Address) allerdeen B. T. D.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury
Place March Lathera mg Date March 20, 19 74	Nature of injury
19. UNDERTAKER Servey James Stores (Address) Cherdison mil	24. Was disease or Injury In any way related to occupetion of deceesed?
20. FILED 4 , 19.54 - Registrar.	(Signed) James 16 Jany M. D. (Address) Ham Dr Jung and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "nill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02820
1. PLACE OF DEATH	53
County Landord.	Registration Dist. No. 185
Village or City Lave de Gras & TIN CON	PORAZO LIMITS 01
The state of the s	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME James W. Malu	eles.
(a) Residence: No. / 217 M runou gur	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
Wales white warried word)	March 28 1934 (Month) (Day) (Yasr)
5a. If married, wildowed, or divorced HUSBAND of	
(OF) WIFE OF Pure Low and Malus	22. I HEREBY CERTIFY, That I attended deceased from
ah 1 3 h 1971	1 August 1932 to Moreh 28 = 1935
7. AGE Years Months Days If LESS than	I last saw ho alive on alive on 1934; death is seld
1 daybrs.	to have occurred on the date stated above, at _3m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
0rmin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	9
Rind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Returned SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (march and	June Casemma 1932
work was done, as SILK MILL, Returned SAW MILL, BANK, etc	Degung in the
1D. Date deceased lest worked et 11. Total tima (yaars)	Lyngholie Zhando.
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town).	Other Contributory Causes of importence:
(State or country) washi land.	Onder bell of
13. NAME James J. walnuslend	- Ognistan
13. NAME James J. Malmaler 14. BIRTHPLACE (city or town). Recie Co.	Name of a sea No.
(State or country)	Name of operation
15. MAIDEN NAME Mary N. Howard	What test confirmed diegnosis?
	23. If daath was due to externel causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
MITAL PACE 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place wester Charle Date march 30, 3x	Menner of injury
(D) (1 · Q - 1	Nature of injury
19. UNDERTAKER LULI ALOUATON.	24. Was disease or injury in eny way related to occupation of deceased?
(Addrass) Have of Grace. Und	If so, specify
20. FILED Mar. 30 , 1934 D. Karles J. Jaley M. S.	(Signed) MD.
Registrar. If more blanks are needed, address State Resistrar.	(Address) And De gestey, ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
	7.1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	7	how	()	-	1

1. PLACE OF DEATH			
County Congression	4	Registration Dist. No. 180	
Village or City		No. St., f death occurred in a horpital or institution, give its NAME instead of street and num s. ds. How long in U.S. if of foreign birth? yrs, mos.	
2. FULL NAME Stilllong	Mashington		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	te
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHWAY (Bay)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year) 77. 7. AGE Years Months	Days If LESS than I day,hrs. ormin.	I last saw h	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Dill Com	
SAW MILL, BANK, atc	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	
(State or country) 13. NAME Con Mexico 14. BIRTHPLACE (city or town)	Colleo ly Washingto	3	
14. BIRTHPLACE (city or town) (State or country)	non land.	Name of operation Date of What test confirmed diagnosis? Was there an auto	
15. MAIDEN NAME Allowy H	mongand	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	., 19
18. BURIAL, CREMATION, OR REMOVAL Place John Illealey	Date March 19, 1994	Manner of injury	
19. UNDERTAKER Boy Workings (Address) Bel Circ	ma (Father)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED March A, 1934 Free	Coral Registrar.	(Signed) (Address) Peronucial	7 M.F

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
r			

BINDING

FOR

MARGIN RESERVED

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attock of epilepsy	1 week ago
Chronie interstitiol nephritis	1921	Run over by street eor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
		BOOK OF THE PERSON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	ery item of infor-	ANS should state	ent of OCCUPA.	\
FOR BINDING	IS A PERMANENT RECORD. E	stated EXACTLY. PHYSICI	properly classified. Exact statem	certificate.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY	mation should be ca	CAUSE OF DEATH	TION is very impor

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02823
1. PLACE OF DEATH	9400
County Harford	Registration Dist. No.
Village or City (Sarryman	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital or institution, give its IVAIVIE instead or street and number) ds. How long in U.S. if of foreign birth? 5 4 yrsmosds.
2. FULL NAME anna Witthousky	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **The color of the word)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE OF Gugnet Watthowshy	200 19 3 to Mayon 7 19 36
6. DATE OF BIRTH (month, day, and year) May 22 -18/55	I last saw h alive on More of 1936, death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at Z.'-45.5.m.?
78 9 - I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were es follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceesed lest worked at this occupation (month and	Augina Pectores
work was dona, as SILK MILL, SAW MILL, BANK, atc	secretica iscitor
O To Date decessed lest worked at this occupation (month and spant in this	
yaar) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Outer Country Cases of Importance.
(State or country) / Lermany	
13. NAME Evertourshy 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparetion Date of
(State of country)	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Ewald	23. If deeth was due to external causes (VIDL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Mrs. Grand Wittsbursty	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL C. C.	Manner of Injury
Place St. Sand Lathuran Date 1,1924	Nature of Injury
19. UNDERTAKER Almy Jaming Jong	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 210 - 184-6. C. Muchael Registrar.	(Signad) Perry nearly

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year